

EXHIBIT 11

Massachusetts Registry of Motor Vehicles Application Form (617) 351-4500 http://www.massrmv.com 2. Reg Exp Date				3. Number of Documents <input type="checkbox"/> RO (Registration Only) <input type="checkbox"/> RX (Registration Transfer) <input type="checkbox"/> ST (Salvage Title) <input type="checkbox"/> RT (Registration & Title) <input type="checkbox"/> TAR (Title Add Registration) <input type="checkbox"/> TO (Title Only) <input type="checkbox"/> SW (Summer/Winter Swap) <input type="checkbox"/> Address Change							
Registration Vehicle Information				5. Plate Type		6. Registration Number		7. Previous Title #		8. State	
9. Type of Registration: <input type="checkbox"/> Passenger <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Livery <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Auto Home <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other				10. Vehicle Identification Number: 1 H 0 1 B Y B 4 9 3 Y 0 9 7 1 8 3							
11. Year 2003		12. Make HD		13. Model Name FLSTSI		14. Model # T		15. Body Style MC		16. Circle Color (s) of Vehicle 0-Orange 1-Black 2-Blue 3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple	
18. Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		19. Total Gross Weight (Laden)		20. Motor Power <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other		21. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> Livery <input type="checkbox"/> Taxi <input type="checkbox"/> School Pupil If carrying passengers for hire, max no of passengers that can be seated: _____ If school bus, is it used exclusively for city, town, or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Owner Information				22. Owner 1 License #/State 024688478 MA				23. Owner 2 License #/State			
25. Owner 1 Name (Last, First, Middle) BLODGETT, JASON								26. Owner 1 Date of Birth 8/23/1977			
27. Owner 2 Name (Last, First, Middle)								28. Owner 2 Date of Birth			
31. Mailing Address 11 FLORENCE RD City: LOWELL State: MA Zip Code: 01851								30. City/Town Where Vehicle is Principally Garaged: Lowell			
32. Residential Address City: State: Zip Code:											
33. For Leased Vehicles include License Number, Date of Birth and State or EIN/FID Number and Name of Lessee											
34. For Leased Vehicles, Include Address, City, State, and Zip Code of Lessee											
Signatures				Sales or Use Tax Schedule							
I/WE THE APPLICANT(S) HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THERE ARE NO OUTSTANDING EXCISE TAX LIABILITIES ON THE VEHICLE DESCRIBED ABOVE THAT HAVE BEEN INCURRED BY THE APPLICANT(S), ANY MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY WHO IS A MEMBER OF THE APPLICANT'S HOUSEHOLD OR THE BUSINESS PARTNER OF THE APPLICANT(S). THE UNDERSIGNED HEREBY FURTHER CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.				A. SALE BY LICENSED MOTOR VEHICLE DEALER Dealer's Name: CYCLE CRAFT COMPANY INC. Dealer's License #: 024688478 Gross Sales Price: \$21,800.00 Trade-in Allowance: \$0.00 Net Sales Price: \$21,800.00 VIN: 1H01BYB493Y097183 Taxable Sales Price: \$21,800.00 Sales Tax: \$1,995.50							
35. Signature of Owner From Block 25 or 29. Also Print Name If Different Jason Blodgett				B. SALES BY OTHER THAN MOTOR VEHICLE DEALER Gross Sales Price: \$21,800.00 5% Use Tax (all of sale must be shown): \$1,090.00 C. CLAIM EXEMPTION FROM TAX Exempt Organization: _____ See Attached Form: _____							
36. Signature of 2nd Owner From Block 27. Also Print Name If Different				Fee Information Registration Fee: \$10.00 Title Fee: \$10.00 Total Fees: \$20.00 Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/>							
37. Authorized Dealer's Signature [Signature]				38. Dealer Reg No. 1							
39. Seller's Name (Please Print) CYCLE CRAFT COMPANY INC.				40. Seller's Address 1760 REVERE BEACH PKWY (RT 16) EVERETT MA 02149							
Insurance Certification				THE COMPANY SIGNATORY HERETO HEREBY CERTIFIES THAT IT HAS OR WILL INSURE OR GUARANTEE PERFORMANCE BY THE APPLICANT HEREBY NAMED WITH RESPECT TO THE MOTOR VEHICLE DESCRIBED FOR A PERIOD OF AT LEAST 30 DAYS CONCURRENT WITH THAT OF SUCH REGISTRATION UNDER A MOTOR VEHICLE LIABILITY POLICY, BINDER OR BOND WHICH CONFORMS TO THE PROVISIONS OF GENERAL LAWS, CHAPTER 175, SECTION 113A, AND THAT THE PREMIUM CHARGE AND CLASSIFICATION ON THE EFFECTIVE DATE OF REGISTRATION ARE AS ESTABLISHED BY THE COMMISSIONER OF INSURANCE UNDER CHAPTER 175, SECTION 113B, 113H AND CHAPTER 175E.							
41A. Policy Effective Date: _____ Policy Change Date: _____				41B. Manual Class: 41C. Ins. Company & Code: _____ Insurance Co's Authorized Representative's Signature: _____							
Title Data				42. Date of Purchase 8/05/2003				43. Odometer Reading 10			
44. <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle If new vehicle, certificate of origin must be submitted				45. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstruct <input type="checkbox"/> Owner Retained <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained							
46. Primary Salvage Title Brands: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only				47. Secondary Salvage Brand							
Lienholder Information				48. Date of 1st Lien 1/1				49. Date of 2nd Lien			
I/we certify that all liens on this vehicle are listed below				50. First Lienholder Code 51. Name _____ _____ 52. Lien Address _____							
53. Second Lienholder Code 54. Name _____ _____				55. Lien Address _____							

H-D 0480
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